

CITY AND COUNTY OF HONOLULU
DEPARTMENT OF CUSTOMER SERVICES
DIVISION OF MOTOR VEHICLE, LICENSING AND PERMITS
P.O. BOX 30330
HONOLULU, HAWAII 96820-0330

OFFICE USE ONLY

APPLICATION FOR DUPLICATE
Motor Vehicle Certificate of Registration

Application accepted and
duplicate issued
Date - Clerk

TYPEWRITE or PRINT IN INK - Improperly filled application will not be accepted.

License Plate No.: _____ Registration Expiration: _____

Make: _____ Emblem No.: _____

Vehicle Identification No.: _____

Registered Owner of Record: _____

Address: _____
Number and Street City Zip Code

The undersigned certifies that the Certificate of Registration for the above described vehicle has been ☐ **lost** ☐ **stolen** ☐ **mutilated** ☐ **defaced**, and hereby requests the issuance of a duplicate, which issuance shall void the original certificate.

DEFACED OR MUTILATED
CERTIFICATE MUST BE
SURRENDERED WITH
THIS APPLICATION.

Signature of Registered Owner or Record

If firm, print name and title of person signing.